

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

02/05/02

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>	Attorney Docket No.	0918.2053-000
	First Named Inventor or Application Identifier	Sally Elaine Saffer
	Express Mail Label No.	EJ611947644US

OLD S.I.N. 64621
997890/01
02/05/02

Title of Invention	Operational Data Store
-----------------------	------------------------

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
---	---

1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [30] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [17] <input checked="" type="checkbox"/> Fig. of the Drawings for Publication [1] <input type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages [] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages c. <input type="checkbox"/> Statements verifying identity of above copies
--	---

ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Compaq Information Technologies Group, L.P. Houston, TX 8. <input type="checkbox"/> Power of Attorney [] 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [] Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity Statement(s) 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____

17. If a CONTINUING APPLICATION , check appropriate box; supply the requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group Art Unit: The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. <i>(Add standard Related Applications section with incorporation by reference to specification or update same)</i>

18. CORRESPONDENCE ADDRESS					
NAME	Customer No. 021005				
	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.				
ADDRESS	530 Virginia Road, P.O. Box 9133				
CITY	Concord	STATE	MA	ZIP CODE	01742-9133
COUNTRY	USA	TELEPHONE	(978) 341-0036	FAX	(978) 341-0136

Signature	<i>Gerald M. Bluhm</i>	Date	2/5/02
Submitted by Typed or Printed Name	Gerald M. Bluhm	Reg. Number	44,035